

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/869004

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6	1					
7		1				
8	1					
9		1				
10		4				
11		4				
12	1					
13	1					
14		2				
15		1				
16		1				
17		1				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
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25		4				
26		4				
27		4				
28		4				
29		4				
30	1					
31	1					
32		2				
33	1					
34	1					
35	1					
36		1				
37		4				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	54					
TOTAL CLAIMS	65					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS